

MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE
August 11, 2005

Present: Jere Annis, Carl Britton-Watkins, Terry Burgess, Pete Clary, Zack Commander, Ron Huber, Ron Kendrick, Ed Masters, Doug Michaels, Barbara Richards and Betty Stanberry.

Absent: Kathleen Herr, Ellen Perry and Amelia Thorpe.

Resigned: Sandy DuPuy.

DMH/DD/SAS Staff Present: Doug Baker, Cathy Kocian, Chris Phillips, Emunda Reed, Ann Remington, Jesse Sowa, Glenda Stokes, Barbara Thomas and Leza Wainwright.

Guests: Diane Britton-Watkins, Julia Masters.

1. Welcome and Introductions

- ◆ The meeting was called to order at 9:30 A.M.
- ◆ The Chairperson opened the meeting and welcomed the attendees.

2. Approval of Agenda and Minutes

- ◆ The meeting agenda was approved with additions.
- ◆ The July 2005 minutes were reviewed and approved with changes.

3. Public Comment Time

- ◆ Michael Owen (North Carolina Council of Community Programs) provided the group with a handout entitled “Making System Transformation Work” which describes a program “to promote and support grassroots innovation to enhance the transformation of the MH/DD/SAS system.” Six consumer-generated, innovative, grassroots, practical projects will be selected that will help people whose mental health and developmental disability needs are beyond the medically necessary services that are provided. The program will provide technical assistance and support for a period of one year (January 1, 2006 – December 31, 2006) primarily for resource development and fundraising guidance. This program is sponsored by the North Carolina Council of Community Programs with a grant from the North Carolina Council on Developmental Disabilities. Applications and further details may be obtained by visiting the Council’s website at www.nc-council.org and clicking on “Conferences and Training” at the top right-hand side of the page. Michael Owen requested that a SCFAC member be on the NC Council Community Programs Advisory Committee for this project.
- ◆ The Chair asked that a time slot be allocated during the NC Council’s Pinehurst Conference in November 2005 in order for CFAC members to hold an informal discussion.

4. SCFAC Letterhead

- ◆ The committee discussed two letterhead options for the SCFAC and concluded that they prefer to use letterhead created by Ellen Perry, SCFAC Member. Changes will be made to the draft and the template will be submitted to members for final approval. The committee will provide feedback in order to complete this task as soon as possible.

5. SCFAC Mailing Address

- ◆ The SCFAC requested a post office box in order for people to communicate directly with the committee. Members requested that the SCFAC Liaison receive all incoming mail and distribute accordingly. It was determined that a PO Box would be established in Charlotte, NC.

6. SCFAC Annual Report

- ◆ The Chair distributed a draft SCFAC annual report for the committee to review. It was decided that the report needs to include work accomplished over the past year. The report will be edited to include:
 - Progress made by the four sub-committees,
 - The Conflict of Interest, Non-Target Population and Service Definition letters,
 - Attendance at ELT meetings on monthly basis and
 - Contributions to draft State Plan 2005.

7. SCFAC Self-Assessment

- ◆ SCFAC members discussed their role and the need to be informed, included and utilized by the Division. The committee feels it will also need to clarify how the SCFAC can bring forth issues from the local CFACs.
- ◆ Each member had an opportunity to state their concerns regarding the SCFAC mission and their personal experiences to date. The following is a summary of what was expressed:
 - The SCFAC serves at the pleasure of the Secretary and acts as an advisory committee to the state. It is important that the SCFAC meeting be conducted in a professional business manner.
 - One SCFAC member requested a concrete definition of what is expected of committee members. Members requested a SCFAC work plan and felt that even the sub-committees don't have a work plan to follow.
 - Several members noted that the meetings are not about personal agendas or individual stories and requested that individuals adhere to the approved agenda and avoid digressing about other issues.
 - Appropriate behavior toward the SCFAC Chair was discussed. Some members feel that the Chair is disrespected and have requested that people acknowledge the Chair's position and quiet themselves when asked.
 - It is imperative that the committee come together collectively and provide solid recommendations.
 - The SCFAC must adhere to its Code of Conduct to avoid disruptions during the meeting.
 - Discussion included the purpose of the SCFAC and that the perceived SCFAC goals were to address problem areas and gaps in service delivery. It was expressed that more time needs to be set aside to evaluate goals and deliverables.
 - There was brief discussion about revising membership composition and consider having 50% of the positions be at-large positions.
 - Voting issues need to be taken seriously and each member has a responsibility to vote in a manner they see most appropriate for each given topic.
 - It is important that all of the meetings are held in accessible buildings in order for people with disabilities have access to the meetings.

8. Alcohol Drug Abuse Treatment Centers (ADATCs)

- ◆ Doug Baker, State Operated Services Team Leader, gave an overview of the ADATCs. Currently, there are three facilities in the state that provide treatment to substance abusers:
 - Julian F. Keith ADATC (established in 1969), Western Region – Black Mountain, NC.
 - Walter B. Jones ADATC (established in 1968), Eastern Region – Greenville, NC.
 - Blackley ADATC (established in 1949), Central Region – Butner, NC.
- ◆ The first alcohol treatment facility began Butner in 1949 as a result of the Alcohol Rehabilitation Act. The center used the twenty-eight day model of treatment that came about primarily because third party payers would pay for this length of time in treatment.
- ◆ Doug noted that it is rare that a person with substance abuse problems goes into treatment one time and never uses substances again. Most people will undergo multiple attempts before engaging in on-going recovery. Given the demand on the capacity in the 3 ADATC facilities, many people are sober by the time they are scheduled to be admitted to an ADATC.
- ◆ Under Mental Health Reform, the ADATCs have been charged with bringing up acute capacity to improve access to treatment, divert inappropriate substance abuse admissions from State psychiatric hospitals and incorporate “Best Practice” models such as Motivational Interviewing to engage individuals at an earlier stage in their addiction. The new mission of the ADATCs is to stabilize and detox individuals in need of help and to prepare the patients for ongoing recovery in the community.
- ◆ The average profile of a person entering treatment is primarily males around 35 years of age. Many have co-occurring disorders. Unfortunately, women who suffer are still stigmatized to the extent that, in many cases, they do not seek treatment. There are currently thirty programs across the state that provide services to pregnant and parenting women.
- ◆ One of the most successful models in substance abuse treatment is methadone. Often this method of treatment is perceived to be trading one drug for another. Some methadone users only stay on the drug for 2-3 years, where others will stay on it indefinitely.
- ◆ The Alcohol and Drug Council of North Carolina (ADCNC) can give reports and data about current levels of need for substance abuse treatment. Visit their web site for additional information at www.alcoholdrughelp.org.

9. SCFAC Sub-Committee Reports

- ◆ *Continue Research, Dissemination and Implementation of New Best Practices* (State Plan 2004- p.54) – Barbara Richards, Committee Chair, stated that the following Evidenced-Based Best Practices are the six best practices that the State is proposing to use over the next three years: 1) Standardized Pharmacological Treatment, 2) Integrated Dual Disorders Treatment, 3) Illness Management and Recovery Skills, 4) Supported Employment, 5) Family Psycho education, and 6) Assertive Community Treatment. In addition, Mrs. Richards states that many people confuse the term “evidence-based” with “person centered.” Person-centered planning is one component of many evidenced-based models, not the model itself.

10. SCFAC Meeting Dates

- ◆ The SCFAC members will discuss meeting locations and dates at the September meeting. Members will provide the Chair with LME contact information in order to determine which LMEs would be willing to host meetings in 2006.

11. Division Update with Leza Wainwright, DMH/DD/SAS Deputy Director

- ◆ Ms. Wainwright announced that the Center for Medicare and Medicaid (CMS) has not yet approved the new service definitions. Therefore, the proposed implementation date for new services of October 1, 2005 has been postponed. A new date will not be announced. Rather, the Division will announce an implementation date once it gets approval. The implementation date is likely to be approximately 90 days after receiving approval to allow for transition activities to take place.
- ◆ The Provider Endorsement process is continuing to move forward. Once a provider is endorsed by the LME and becomes directly enrolled, the provider will bill Medicaid using their own number and will no longer bill through the LME. The Division will maintain a database of endorsed providers.
- ◆ The CAP MR/DD Waiver will be implemented September 1, 2005. The rumors about services being cut once it is implemented are not true. Medically necessary services will not be cut. Utilization review and authorization will be driven by guidelines based on need and the person-centered plan.
- ◆ DMH/DD/SAS and the Division of Medical Assistance (DMA) have developed rates for level III and IV services. The new rates will be published sometime in the next month and will factor in requirements contained in the new rules.
- ◆ The Senate should be voting today on the budget and the Division will be getting \$7.5 million “targeted” (rather than flexible) expansion dollars. 50% of the Mental Health Trust Fund is to be used to expand community capacity.
- ◆ The regulatory package contains provision of additional staff to monitor licensed facilities and conduct on-site visits every year. The new legislation gives staff authority to revoke the license of a home that has not served anyone for the past 12 months.
- ◆ The SCFAC clarified their request for a presentation on Eligibility and Funding. The committee has requested a one page report from Division of MH/DD/SAS on the money that is available in the state and further information on the eligibility of target populations.

12. Overview of the LME Customer Service Training Curriculum

- ◆ Glenda Stokes and Barbara Thomas, Advocacy and Customer Service Section, gave an overview of the LME Customer Service Training Curriculum.
- ◆ Consumers and family members have assisted with the development of this training. This is a “train-the-trainer” series designed to prepare staff to train other staff and providers. The actual curriculum can be divided into sections to train in segments over time.
- ◆ There are five modules in the training:
 - The Culture,
 - Customer Service and Consumer Rights Offices,
 - Rights,
 - Information, Education, and Prevention and
 - Consumer Empowerment.

Approved

- ◆ Consumer Affairs and Customer Service is a primary LME function which helps to ensure customer satisfaction with services and rights protection. Every LME is required to perform this function and this training will help ensure quality and consistency throughout the State.
- ◆ Confidentiality must be maintained at all levels of service. Each LME must provide forms to ensure confidentiality and adherence to this principle.

13. SCFAC Member Requests Permission to Resume Paid Position with LME

- ◆ A SCFAC member has requested that she be allowed to resume her paid position at the LME for 90 days in order to complete the Best Practice project. At the conclusion of 90 days, the member stated that they will resign from either the SCFAC or LME depending on possible full-time employment with the LME.
- ◆ It was noted that employment with the LME is in violation of the Conflict of Interest Policy that the SCFAC adopted and sent a letter to local CFAC groups encouraging them to draft their own conflict of interest policies.
- ◆ Concerns were raised by committee members why this issue wasn't presented at the beginning of the meeting in order to add it to the agenda for group discussion.
- ◆ The issue will be addressed at the September meeting.

14. Next Meeting

- ◆ The next meeting is scheduled for September 8, 2005 from 9:30 A.M. – 4:00 P.M. and will be held at Western Highlands LME in Asheville, N.C.

15. September Meeting Agenda

- ◆ Approval of the Agenda.
- ◆ Approval of the August meeting minutes.
- ◆ 2006 meeting dates and locations.
- ◆ There will be two public comment periods.
- ◆ ELT Update.
- ◆ SCFAC Report to the Secretary.
- ◆ SCFAC member's employment with LME
- ◆ Sub-committee workgroups to identify deliverables and tasks.
- ◆ Division Update.